

## Parent/Guardian Notification

USD \_\_\_\_\_ will be providing a free dental screening to all students enrolled in \_\_\_\_\_ in compliance with Kansas State Statute 72-5201. All students will be screened unless the parent/guardian does not want the child to participate. Oral health is an important part of children's overall health, and is a critical component in the child's ability to learn and succeed in school. If you wish to opt out of the screening, please fill out and return the form at the bottom of the page. If your child does participate, a copy of the results of the screening will be sent home with the child.

If you have questions feel free to call me at school \_\_\_\_\_ or by e-mail at \_\_\_\_\_  
\_\_\_\_\_. Thank you for your cooperation!

Sincerely,

USD \_\_\_\_\_ School Nurse

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\_\_\_\_\_ I do not wish to have my child participate in the free dental screening.

Student \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Parent/Guardian

The logo for Delta Dental, featuring a green square with a white triangle icon and the text "DELTA DENTAL" in white capital letters.